PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEB and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as including the patent of the pate

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
TWO EMBARO EIGHTH FLOO	AND TOWNSEN CADERO CENTER PR	$\int_{\mathbb{R}^{n}}$	ort Ba	Cer	e of mailing or transmission. tificate of Mailing or Transi is Fee(s) Transmittal is being with sufficient postage for firs I Stop ISSUE FEE address TO (571) 273-2885, on the di	mission
SAN FRANCIS	CO, CA 94111-383	4	#L			(Depositor's name)
		13	>			(Signature)
			TRADEMART			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/786,270 TITLE OF INVENTION	02/24/2004 : MAGNETORESISTIV	E HEAD WITH NO HY	Akira Morinaga 'STERESIS IN THE TRAI	NSFER CURVE	16869G-100400US	2422
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/19/2007
EXAMINER ART UNIT			CLASS-SUBCLASS			
HEINZ, ALLEN J 2627		2627	360-324120	_		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
(A) NAME OF ASSIC Hitachi Glob Technologi	ONEE oal Storage .es Japan, Ltd	•	(B) RESIDENCE: (CITY	and STATE OR C	ex is identified below, the documentary)	
4a. The following fee(s) a	re submitted: o small entity discount p	4termitted)	D. Payment of Fec(s): (Plest A check is enclosed. Payment by credit car	ase first reapply an	y previously paid issue fee si	hown above)
	SMALL ENTITY status	above) 3. See 37 CFR 1.27,	☐ b. Applicant is no lon	ger claiming SMAL	L ENTITY status. See 37 CFI tered attorney or agent; or the	R 1.27(g)(2).
			Office.			
Authorized Signature /Robert C. Colwell/			Date March 7, 2007			
Typed or printed name		rt C. Colwell		Registration No		
· · · · · · · · · · · · · · · · · · ·	0 1 1001				e public which is to file (and t inutes to complete, including nments on the amount of time radcmark Office, U.S. Depart SEND TO: Commissioner fo isplays a valid OMB control n	
PTOL-85 (Rev. 07/06) A ₁ 03/08/2007 INTEFS			OMB 0651-0033 U	I.S. Patent and Trade	emark Office; U.S. DEPARTN	MENT OF COMMERCE
01 FC:1501 02 FC:1504 03 FC:8001	1400.00 DA 300.00 DA 15.00 DA					a dv

BEST AVAILABLE COPY